

**NEWTON PARKS AND RECREATION DEPARTMENT**  
**NEWTON ADVENTURES VACATION PROGRAM FOR GRADES 1 – 6**  
**At Emerson Community Center**

**Child 1** \_\_\_\_\_ School \_\_\_\_\_ Fall '12 Grade \_\_\_\_\_ DOB \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Medications/Allergies/Health Concerns \_\_\_\_\_

**Child 2** \_\_\_\_\_ School \_\_\_\_\_ Fall '12 Grade \_\_\_\_\_ DOB \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Medications/Allergies/Health Concerns \_\_\_\_\_

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Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

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**DATES** (check days and times you wish to attend – trips are tentative and may change as summer gets closer)

Stan Day	Ext Day	Stan Day	Ext Day
June 25 <sup>th</sup> _____	_____	August 20 <sup>th</sup> _____	_____
June 26 <sup>th</sup> _____	_____	August 21 <sup>st</sup> _____	_____
June 27 <sup>th</sup> _____	_____	August 22 <sup>nd</sup> _____	_____
June 28 <sup>th</sup> _____	_____	August 23 <sup>rd</sup> _____	_____
<b>* June 29<sup>th</sup></b> _____	_____	<b>* August 24<sup>th</sup></b> _____	_____

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**FEES** may be paid by cash, check or credit card (checks made to City of Newton) **TOTAL \$** \_\_\_\_\_

Standard per day \$45.00\* x \_\_\_\_\_ days OR Standard per week \$210.00 x \_\_\_\_\_ weeks = \$ \_\_\_\_\_

Extended per day \$57.50\* x \_\_\_\_\_ days OR Extended per week \$270.00 x \_\_\_\_\_ weeks = \$ \_\_\_\_\_

Non residents add \$5.00 non resident fee per day x \_\_\_\_\_ days = \$ \_\_\_\_\_

**\*\$10.00 per individual starred day ONLY if signed up for individual days** x \_\_\_\_\_ days = \$ \_\_\_\_\_

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Newton Parks and Recreation \* Newton Adventures Vacation Program \* 124 Vernon St \* Newton, MA 02458

**Vacation Program Credit Card Payment Form (Visa or Mastercard Only)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ \$ \_\_\_\_\_

Amount \_\_\_\_\_

Visa \_\_\_\_\_ Master Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Newton Parks and Recreation Department Newton Adventures Vacation Program  
Medical Release Form - 2012**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_. However, if I cannot be reached, I hereby authorize the Newton Adventures Vacation Program to transport my child to the Newton Wellesley Hospital, or \_\_\_\_\_ Hospital via Emergency Vehicle, and to secure for my child the necessary medical treatment. I understand that designated staff members at the Newton Adventures Vacation Program are trained in the basics of First Aid and Cardio-Pulmonary Resuscitation, and I authorize them to administer immediate First Aid to my child when appropriate.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*

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**Parental Consent Release From Liability and Indemnity For Participation In The Newton Parks And Recreation Department's Newton Adventures Vacation Program**

I/We, the undersigned parent(s), or guardian(s) of \_\_\_\_\_, a minor, do hereby consent to his/her participation in, and field trips with the Newton Adventures Vacation Program. I/WE forever RELEASE, acquit, discharge and covenant to hold harmless the City of Newton, a municipal corporation of the Commonwealth of Massachusetts, and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which I/WE may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or rights of actions or damages which said minor has or hereafter may acquire, either before or after his/her participation in, and field trips with, the Newton Adventures Vacation Program. FURTHERMORE, I/WE hereby agree to protect the City of Newton and its successors, departments, officers, employees, servants and agents against any and all claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in, and field trips with, the said Newton Adventures Vacation Program and to INDEMNIFY, reimburse or make good to the City of Newton or its successors, departments, officers, employees, servants and agents any loss or damage or cost, including attorney's fees, the City of Newton or its representatives may have to pay if any litigations arise from said minor's participation in and field trips with, the said Newton Adventures Vacation Program.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Relationship*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness*

**THIS FORM MAY NOT BE ALTERED**

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**Newton Adventures Vacation Program - PHOTO RELEASE**

I/WE, the parent(s) or guardian(s) of \_\_\_\_\_ do hereby grant permission for pictures to be taken of my child for the purpose of publicity for the Newton Adventures Vacation Program. I understand that photo's may be published in local papers, on the website, or in future brochures for the Newton Parks and Recreation Department and the Newton Adventures Vacation Program.

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*

\_\_\_\_\_  
*Date*